

STANDARD AGREEMENT

FOR I.T. GOODS/SERVICES ONLY

AGREEMENT NUMBER

1. This Agreement is entered into between the State Agency and the Contractor named below

STATE AGENCY'S NAME

CONTRACTOR'S NAME

2. The term of this Agreement is:

3. The maximum amount \$ of this Agreement is:

4. The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement:

This Agreement is executed under the Department of General Services/Procurement Division, Master Services Agreement for : Health Insurance Portability and Accountability Act (HIPAA) Services Contractor MSA # _____

Attachment 1, Statement of Work

Attachment 2, General Provisions, (refer to DGS/PD MSA)

Attachment 3, HIPAA Special Provisions (refer to DGS/PD MSA)

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

CONTRACTOR'S NAME *(If other than an individual, state whether a corporation, partnership, etc.)*

BY *(Authorized Signature)*

DATE SIGNED *(Do not type)*

PRINTED NAME AND TITLE OF PERSON SIGNING

ADDRESS

STATE OF CALIFORNIA

AGENCY NAME

BY *(Authorized Signature)*

DATE SIGNED *(Do not type)*

PRINTED NAME AND TITLE OF PERSON SIGNING

ADDRESS

CALIFORNIA
Department of General Services
Use Only

☐ Exempt _____

